

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4						
5						
6						
7	1					
8						
9						
10						
11	1					
12						
13						
14						
15	1					
16						
17						
18						
19						
20						
21	1					
22						
23						
24						
25						
26	1					
27						
28						
29						
30						
31	1					
32						
33						
34						
35	1					
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS.						

	CLAIMS		CLAIMS		CLAIMS	
	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54	1					
55						
56						
57						
58						
59						
60						
61						
62						
63	1					
64						
65						
66						
67						
68	1					
69						
70						
71						
72	1					
73						
74						
75	3					
76	3					
77						
78						
79						
80						
81						
82						
83						
84						
85						
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS.						